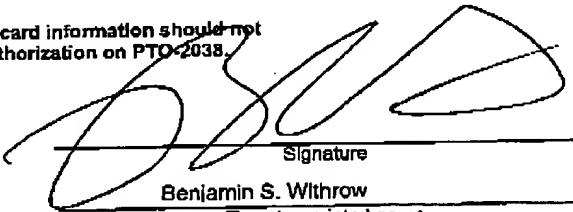


PTO/SB/31 (08-03)

Approved for use through 07/31/2006. OMB 0551-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|  |  |  |  |
|--|--|--|--|
| <b>NOTICE OF APPEAL FROM THE EXAMINER TO<br/>THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>   |  | Docket Number (Optional)<br><br>7000-174   |  |
| I hereby certify that this correspondence is being transmitted via<br>facsimile on the date indicated below to:<br>Examiner: <u>Andrew J. Rudy</u><br>Fax Number: <u>703-872-9308</u> Art Unit: <u>3627</u><br>Date: <u>April 20, 2004</u><br>Signature: <u>Jennifer Alkove</u><br>Typed or printed name: <u>Jennifer Alkove</u> |  | In re Application of<br><u>Bullard, William Carter Carroll</u><br>Application Number <u>09/276,277</u> Filed <u>03/25/1999</u><br>For FLOW PROBE CONNECTIVITY DETERMINATION<br>Art Unit <u>3627</u> Examiner <u>Andrew J. Rudy</u> |  |
| Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.  |  |  |  |
| The fee for this Notice of Appeal is (37 CFR 1.17(b))  |  | \$ <u>330.00</u>   |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:   |  | \$ _____   |  |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.   |  |  |  |
| <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |  |  |  |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.   |  |  |  |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>50-1732</u> . I have enclosed a duplicate copy of this sheet.  |  |  |  |
| <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.  |  |  |  |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>  |  |  |  |
| I am the   |  | <br>Signature  |  |
| <input type="checkbox"/> applicant/inventor.   |  | <u>Benjamin S. Withrow</u><br>Typed or printed name  |  |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)  |  | <u>919-654-4520</u><br>Telephone number  |  |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>40,876</u>   |  | <u>4/20/04</u><br>Date   |  |
| <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a): _____  |  |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.  |  |  |  |
| <input type="checkbox"/> *Total of _____ forms are submitted.  |  |  |  |

This collection of information is required by 37 CFR 1.181. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED  
CENTRAL FAX CENTER

APR 20 2004

OFFICIAL

**Withrow & Terranova**

Professional Limited Liability Company

Attorneys At Law  
Registered Patent Attorneys*A High Technology Patent Practice*

## FACSIMILE TRANSMITTAL SHEET

|               |                         |                                     |                     |
|---------------|-------------------------|-------------------------------------|---------------------|
| TO:           | Examiner Andrew J. Rudy | FROM:                               | Benjamin S. Withrow |
| COMPANY:      | USPTO - Art Unit 3627   | DATE:                               | April 20, 2004      |
| FAX NUMBER:   | 703-872-9306            | TOTAL NO. OF PAGES INCLUDING COVER: | 3                   |
| PHONE NUMBER: |                         | SENDER'S REFERENCE NUMBER:          | 7000-174            |
| RE:           | Notice of Appeal        | YOUR REFERENCE NUMBER:              | 09/276,277          |

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ ORIGINAL TO FOLLOW

## NOTES/COMMENTS:

Please find attached the following items:

- 1) Notice of Appeal
- 2) Credit card payment form for \$330.00

NOTE: The information contained in this transmission is privileged and confidential and intended ONLY for the individual or entity named above. If you should receive this transmission in error, please notify our office and return to the below address via the U.S. Postal Service.

201 SHANNON OAKS CIRCLE, SUITE 200  
CARY, NC 27511

PH: (919) 654-4520

FAX: (919) 654-4521

PTO-2038 (02-2000)

Approved for use through 01/31/2003. OMB 0651-0043

United States Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## United States Patent &amp; Trademark Office

## Credit Card Payment Form

Please Read Instructions before Completing this Form

| Credit Card Information  |  |                           |                                  |
|--|--|---------------------------|----------------------------------|
| Credit Card Type:  | Visa                                     | MasterCard                | <u>American Express</u> Discover |
| Credit Card Account #:   | 3727 151559 31002                        |                           |                                  |
| Credit Card Expiration Date:   | 04/2007                                  |                           |                                  |
| Name as it Appears on Credit Card:   | Benjamin S. Withrow, Withrow & Terranova |                           |                                  |
| Payment Amount \$(US Dollars):   | \$330.00                                 |                           |                                  |
| Signature:   | Date: April 20, 2004                     |                           |                                  |
| <b>Refund Policy:</b> The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The Office will not refund amounts of twenty-five dollars or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR 1.26). Refund of a fee paid by credit card will be via credit to the credit card account. |  |                           |                                  |
| <b>Service Charge:</b> There is a \$0.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)).   |  |                           |                                  |
| Credit Card Billing Address  |  |                           |                                  |
| Street Address 1: 201 Shannon Oaks Circle  |  |                           |                                  |
| Street Address 2: Suite 200  |  |                           |                                  |
| City: Cary   |  |                           |                                  |
| State: North Carolina  |  | Zip/Postal Code: 27511    |                                  |
| Country: U.S.A.  |  |                           |                                  |
| Daytime Phone #: (919) 654-4520  |  | Fax #: (919) 654-4521     |                                  |
| Request and Payment Information  |  |                           |                                  |
| Description of Request and Payment Information:<br>Notice of Appeal  |  |                           |                                  |
| Patent Fee   | Patent Maintenance Fee                   | Trademark Fee             | Other Fee                        |
| Application No.<br>09/276,277  | Application No.                          | Serial No.                | IDON Customer No.                |
| Patent No.   | Patent No.                               | Registration No.          |                                  |
| Attorney Docket No.<br>7000-174  |  | Identify or Describe Mark |                                  |

If the cardholder includes a credit card number on any form or document other than the Credit Card Payment Form, the United States Patent & Trademark Office will not be liable in the event that the credit card number becomes public knowledge.